

STATE OF MONTANA

APPLICATION *for* CERTIFICATE of WITHDRAWAL of FOREIGN LIMITED LIABILITY COMPANY

MAIL: **BRAD JOHNSON**
Secretary of State
P.O. Box 202801
Helena, MT 59620-2801

PHONE: (406)444-3665
FAX: (406)444-3976
WEB SITE: *sos.mt.gov*



Prepare, sign, submit with an original signature and filing fee.

This is the minimum information required

(This space for use by the Secretary of State only)

Filing Fee: \$15.00

☐ Priority Filing Add \$20.00

For the purpose of withdrawing from the State of Montana as a limited liability company (35-8-1010, MCA), the undersigned submits the following statements of fact to the Secretary of State **and attaches hereto a certificate by the Department of Revenue to the effect that the Department of Revenue is satisfied from the available evidence that all taxes imposed by Title 15 Montana Code Annotated have been paid:**

1. The name of the limited liability company is: _____
2. It is incorporated under the laws of: _____
3. It is not transacting business or conducting affairs in Montana and it hereby surrenders its authority to transact business and conduct affairs in Montana.
4. It revokes the authority of its registered agent in Montana to accept service of process and consents that service of process in any action, suit or proceeding based upon any cause of action arising in Montana may thereafter be made on it by service thereof on the Secretary of State of the State of Montana.
5. Provide a mailing address to which the Secretary of State may mail a copy of any process against the corporation served on him:

(Street number) (Street)

(City or town) (State) (Zip code)
6. It will notify the Secretary of State should any other changes be made in its mailing address.
7. If it was involved in a merger, the name of the surviving corporation/llc is: _____
and its state of jurisdiction is: _____
8. The mailing address of the surviving corporation/llc is:

(Street number) (Street)

(City or town) (State) (Zip code)

The execution of any document required to be filed with the Secretary of State constitutes an affirmation, under penalties of false swearing, by each person executing the document that the facts stated therein are true. (Section 35-1-428, MCA)

Signature of Manager/Member

Date (Mo/Day/Yr)

- ❖ **All information provided, including names and addresses of officers and directors, will be made available on the Secretary of State's web site or upon request.**
- ❖ **There are important legal and accounting implications with respect to this corporation action. Suitable legal and accounting advice should be secured before submission. The Secretary of State's office encourages that such advice be sought prior to filling out forms to be sure that you understand the terms and procedures.**
- ❖ **Please be advised that the Business Services Bureau of the Montana Secretary of State will process your business documents within 10 working days of initial receipt. During this period if it's determined that your document doesn't meet statutory requirements, a letter outlining the deficiencies will be returned to the original submitter. If the document is complete and correct, the document will be filed and an acknowledgment copy showing completion returned to the original submitter.**